

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 02, 2007
Secretary of State

DOCUMENT# N46444

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, INCORPORATED CHAPTER 977**Current Principal Place of Business:**ROBERT W. HOFFMAN
315 S.W. CHALLENGER LN.
LAKE CITY, FL 32025 US**New Principal Place of Business:****Current Mailing Address:**ROBERT W. HOFFMAN
315 S.W. CHALLENGER LN.
LAKE CITY, FL 32025 US**New Mailing Address:****FEI Number:** 59-3141366**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOFFMAN, ROBERT W
CANNON CREEK AIRPARK
315 S.W. CHALLENGER LN.
LAKE CITY, FL 32025 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: HOFFMAN, ROBERT W
Address: 315 S.W. CHALLENGER LN.
City-St-Zip: LAKE CITY, FL 32025**Title:** VD () Delete
Name: RILEY, DONALD
Address: 133 S.W. BROTHERS LN.
City-St-Zip: LAKE CITY, FL 32025**Title:** TD () Delete
Name: VASS, T J
Address: 258 SE HILLSIDE PKWY
City-St-Zip: LAKE CITY, FL 32025**Title:** SD () Delete
Name: HOFFMAN, DOREEN D
Address: 315 SW CHALLENGER LN
City-St-Zip: LAKE CITY, FL 32025**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VD (X) Change () Addition
Name: ST. DENIS, ROBERT
Address: 183 SW CAPTAINS GLEN
City-St-Zip: LAKE CITY, FL 32025**Title:** TD (X) Change () Addition
Name: HOFFMAN, DOREN
Address: 315 SW CHALLENGER LANE
City-St-Zip: LAKE CITY, FL 32025**Title:** SD (X) Change () Addition
Name: WHITE, GRAHAM
Address: 441 SW LOCKHEED LANE
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOREEN HOFFMAN

TD

12/02/2007

Electronic Signature of Signing Officer or Director

Date